ISSUE SLIP STAPLE AREA (for additional cross references)

1	POSITION	INITIALS	ID NO.	DATE
CY/				
FEE DETERMINATION		Mai	7S331	
O.I.P.E. CLASSIFIER		8	49	2/24/00
FOF	RMALITY REVIEW			
RES	PONSE FORMALITY REVIEW	ZA	1/239	0 3/27/00
		, ,		741/

INDEX OF CLAIMS

-	Rejected	N	Non-elected
=	Allowed	1	Interference
_	(Through numeral) Canceled	Α	Appeal
÷	Restricted	0	Objected

Claim Date	Claim	Date	Claim	Date
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Origin Origin	Final		Final	
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ZVV	52		102	
3 1 1 1	53		103	
4 4 7 7	54		104	
5 V V V	55		105	
6 V V V	56		106	
Z V V V	57		107	
8 7 7 7	58		108	
9 7 7 9	59		109	
10 7 7 7	60		110	
	61		111	
12 1/1 1/1	62		112	
13 V V V	63		113	
14 VV V V	64	 	114	
[15 V V V	65		115	
16 V V V	66		116	
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19 \(\forall \) = 20 \(\forall \) =	69	 	119	
20 V V=	70		120	
21 V V =	71		121	
22 V =	72		122	
22V =	73		123	
23 V V =	74		124	
25 V V = 26 V V = 27 V V = 28 V V T	75		125	
26 y y =	76		126	
27 1 =	77		127	╄ ╶┦╌ ┩╸╏╶╏╸ ╅╶╂╌╂
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40	90	 	141	╺┤╺┤╶┩┈┧╶┞ ╶ ┪ ═╂═
41	91			╶╏╸╏╸┠╸╊ ╌╊═╄═╋ [╾]
42	92	 	142	╶╎╶╎╸╎╸┞╸╽╶┩╸ ┼ ^{╶╅╸}
43	93	┦╏┩ ┼┼┼┼		╶┧╌ ┤╾ ┞╸╏╸╏╸ ╇╌╇╼╇╌╇═
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50				

If more than 150 claims or 10 actions staple additional sheet here

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